Instructions for the Monthly Utilization Report (MUR)

FINAL: Indicate if MUR is the final submission (Final MUR should be submitted upon the completion and final payment of project)

Reporting Period: The period for which the MUR payment information is being submitted

Project Name: The assigned project name as it is identified in the contract documents

Project Number: The assigned project number as it is identified in the contract documents

Project Location: The address or descriptive location of project work site

Projected Start Date: Notice to Proceed Date or date of work commencement

CSBE Project Measures: Percentage of measure applicable to this project (enter value in appropriate measure type)

Prime Contractor: Name of Awardee, Address and Phone Number

Contract Award Date: Date of contract award

Contract Award Amount: The dollar amount awarded in the contract documents

Change Order Amount: The total dollar value of all approved change orders

Contract Period: Total number of days of Contract as listed in contract documents and all approved Change Orders

% Complete To Date: The Proportion of work that has been completed for this project stated as a percentage

Completion Date: The anticipated date project will be completed

Amount Requisitioned this Period: The dollar amount billed to MDC for work performed during the listed reporting period

Date Requisitioned: The date requisitioned amount was submitted to MDC

Total Amount Requisitioned to Date: The total dollar amount requisitioned for work performed during reporting period

Last Payment by Miami Dade County (MDC): The last dollar amount paid to Prime by MDC for reporting period

Date of Last Payment by MDC: The date of the last payment by MDC for the reporting period

Was last MDC payment within 14 days of Prime's requisition: Check YES if payment by MDC was made within 14 days of prime's requisition; Check NO if payment by MDC was not made within 14 days of prime's undisputed requisition

<u>Did last MDC Payment Equal Requisition Amount:</u> If requisition was paid in full check YES; if requisition amount was not paid in full check NO and explain reasons for payment difference in space provided

Total Amount Paid by MDC: The total amount paid to date by MDC in reporting period for the reporting period

Name of CSBE: The legal name of all subcontractor(s) meeting a goal listed on the Prime's Schedule of Intent (SOI) or Set-aside List of Subcontractor(s)

Tier (1, 2, 3, 4): The level of subcontractor participation (Tier 1 = subcontractor has a contract with the Prime; Tier 2 = subcontractor has a contract with the Tier 1 Subcontractor; Tier 3 = Subcontractor has a contract with the Tier 2 subcontractor; Tier 4 = subcontractor has a contract with the Tier 3 subcontractor)

Contract Period: The anticipated start and end dates of the subcontractor(s)

Goal % If Applicable: The goal percentage that is being fulfilled by subcontractor(s)

Description of Work: A brief description of the scope of work to be performed by subcontractor(s)

Instructions for the Monthly Utilization Report (MUR)

Signed Contract Agreement: Check if Prime has a signed contract agreement with subcontractor listed.

Contract Amount: The dollar value of Subcontractors' Agreement (if different from SOI, a new SOI must be submitted)

Amount Requisitioned this Period: Actual dollar amount requisitioned by the subcontractor(s) during the listed reporting period

Date of Requisition (from Sub): The date of the requisition submitted by subcontractor for payment during this submittal period

Amount Requisitioned to Date: Total dollar amount requisitioned as of reporting period by the subcontractor(s)

Last Payment: The last dollar amount paid to subcontractor(s) for the reporting period

<u>Last Payment Date:</u> The date of last payment of subcontractor(s) for the reporting period

Was last payment within 2 days of MDC payment to prime: "Y" for Yes if payment to subcontractor(s) was made within 2 days of MDC payment to prime; "N" for No if payment to subcontractor(s) was not made within 2 days of MDC payment to prime

Paid to Date: The total amount paid to the subcontractor(s)

Total: The total of each column where applicable

Executed by: The signature and printed name of the CEO, President, or an officer of the company, legally authorized to represent the prime

Date: Current Date

Phone: Phone number that signing officer may be reached

Sworn before me: Notary Information



ARCHITECTURE & ENGINEERING UTILIZATION REPORT

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| F | DEPARTMENT OF |

MONTHLY REPORT (PARTS 1A & 1B) FINAL REPORT (PARTS 1A, 2 & 3)

CBE MEASURE DEPARTMENT OF BUSINESS DEVELOPMENT

| PARTS 1A & 1B | This part is to be completed by the Prime Consultant and forwarded to the User Department | |
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This report is required by Miami Dade County. Failure to comply may result in MDC commencing proceedings to impose sanctions on the successful bidder, in addition to pursuing any other available legal remedy. Sanctions may include the suspension of

| o misle | ead a public servant in th | ne performance | of their offi | ciai duty shaii | be guilty of a fill | Suemeanor | or the second degree, pr | unishable as pi | Ovided III 1 .5. 755. | .062, F.S. 755. | .005 and 1 .5. 755. | | | | | |
|---|--|----------------|---------------|----------------------------|---------------------|----------------|--------------------------|---------------------------------|--------------------------------------|--------------------------------|---------------------|-----------------------------------|--|---------------|---------|--|
| Α | REPORTI | ING PERIOD | | CONTRACT NAME | | | | | | | CONTRA | CT NO. | | | | |
| | FROM: | | | PRC | JECT LOCATION | N | | | | | START | DATE | | | | |
| | то: | | | USE | R DEPARTMEN | Г | | | | | | | | | | |
| | CBE MEASURE: | | | DEPT. PRO | J. MGR/CONTACT F | PERSON | | PHONE | | | | | FACSIMILE | | | |
| PRIME CONSULTANT | | | | | | | CONTRACT AWARD | | CHANGE ORDER MODIFICATION AMO | | ON AMOUNT | AMOUNT ADDITIONAL SERVICES AMOUNT | | | | |
| | | | | | | | DATE | AG | AGREEMENT AMOUNT | | | | | | | |
| IAME OF | | | | | | | | | | | | | PERCENTAG | E OF CONTRACT | | |
| DDRES | | | | | | | | SCHEDULED COMPLETION DATE | | | | | | MPLETED | | |
| ELEPHO | | | | FACSIMILE | | EMAIL | | | ROJECT MANAGER (PRIME CONTR.) | | | | | | | |
| | IT REQUISITIONED THIS | | | \$ DATE REQUISITIONE | | | | D | | DID LAST PMT EQUAL REQUISITION | | | AMOUNT? | YES | ᆜ | |
| | AMOUNT REQUISITIONS | | | \$ | | | | | | | | | | | NO | |
| | AYMENT BY MIAMI DAD | | DC) | \$ DATE OF LAST PMT BY MDC | | | | | | IF NO I | PLEASE EXPLA | IN | | | | |
| OTAL | AMOUNT PAID BY MDC | | | \$ | | WAS LAST | PMT WITHIN 14 DAYS O | F PRIME REQU | JISITION? | YES | | | | | | |
| | | | | | | | | | | NO L | | | | | | |
| В | | | | | | | SUBC | ONSULTANTS' | DATA | | | | | | | |
| NAME OF SUBCONSULTANT GOAL % (IF APPLICABLE) | | | F DESCRIP | TION OF WORK | SIGNED AGREEMENT | AGREEMENT AMOU | | SUB REQUISITIONED HIS PERIOD | DATE OF REQUISITION (FROM SUB) | AMT REQUISITIONED TO DATE | LAST PAYMENT AMT | LAST PAYMENT DATE | Was last pmt. Within 2 days of MDC payment to Prime? Y/N | AMT PAID | TO DATE | |
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| - | AUTHORIZED SIGNATURE OF PRIME CONSULTANT | | | | PRINT NAME | | | | TITLE | | | | | | | |

A&E UR Form 5-06.xls Revised: 03/17/2006

ARCHITECTURE & ENGINEERING UTILIZATION REPORT - FINAL ONLY

| PART | 2 | This part is to be completed by the Subconsultants and forwarded to the Prime Consultant. | | | | | | | | | | |
|----------|---|---|----------------|---------------------------------|-------------------------------------|---------------------------------|-------------------|-------------------------|---------------------------|--|--|--|
| | | | | SUBCONSU | ILTANTS | | | | | | | |
| | NAME OF SUBCONSULTANT | | | FINAL SUB REQUISITION AMOUNT | TOTAL PAID TO DATE TO SUBCONSULTANT | TOTAL SUB REQUISITIONED TO DATE | PROMPT PAYMENT | DATE OF WORK COMPLETION | GOAL (%) IF APPLICABLE | | | |
| AUTHOR | AUTHORIZED SIGNATURE OF SUBCONSULTANT | | | | COBCONCETANT | DATE | ISSUES (Y/N) | | AI I LIVADEL | | | |
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| PART | 3 | This part is to be ex | recuted by the | Prime Consult | ant and forwa | rded to the User | Depart | ment. | | | | |
| | | | | | Sworn before me | 0. | | | | | | |
| SIGN | SIGNATURE OF AFFIANT (PRIME CONSULTANT) | | | TITLE | | This | , 2002 | | | | | |
| | PRINTED NAME OF AFFIANT | | | DATE | | NOTARY PUBLIC | | | | | | |
| COUNTY | USE | This part is to be co | ompleted by th | ne User Departn | nent at the tim | e of Final Requi | sition to | DBD. | | | | |
| | | | | | | | | | | | | |
| AUTHORIZ | ZED SIGNATI | JRE OF PROJ MGR/CONTACT PERSON | | PRINT NAME | | DAT | E | | | | | |

A&E UR Form 5-06.xIsRevised: 03/17/2006